PTO/SB/06 (08-00)
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Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number; Application or Docket Number ATENT APPLICATION FEE DETERMINATION RECORD 2002-IP-007945U1 OTHER THAN CLAIMS AS FILED - PART I **SMALL ENTITY** OR SMALL ENTITY (Column 2) (Column 1) FOR NUMBER FILED NUMBER EXTRA RATE FEE RATE FEE BASIC FEE 1.7 _{\$} 750 \$ OR (37 CFR 1.16(a)) TOTAL CLAIMS minus 20 = 360 40 x s 18 OR 737 CFR 1.16(c)) INDEPENDENT CLAIMS 0 3 84_ minus 3 = = OR (37 CFR 1.16(b)) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) = OR 1110 TOTAL * If the difference in column 1 is less then zero, enter "0" in column 2 TOTAL OR OTHER THAN CLAIMS AS AMENDED - PART II SMALL ENTITY OR **SMALL ENTITY** (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING PRESENT NUMBER **RATE** TIONAL **RATE** TIONAL **AMENDMENT AFTER PREVIOUSLY EXTRA** FEE **FEE** AMENDMENT PAID FOR OR Total Minus \$50_= 50 41 40 1 (37 CFR 1.16(c)) OR Independent 5 3 2 Minus 400 200 =(37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR 450 TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) 100 CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT RATE TIONAL RATE TIONAL **AMENDMENT** AFTFR PREVIOUSLY **EXTRA** FEE FEE AMENDMENT PAID FOR OR Total = Minus (37 CFR 1.16(c)) OR *** Independent Minus (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) **CLAIMS HIGHEST** ADDI-ADDI-REMAINING jagang salif da P NUMBER PRESENT **RATE** TIONAL **RATE** TIONAL **AMENDMENT AFTER PREVIOUSLY EXTRA** 204 FEE FEE AMENDMENT PAID FOR OR Total Minus = (37 CFR 1.16(c)) OR Independent *** Minus = (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR

ADDIT. FEE

ADDIT. FEE

^{*} If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

^{**} If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

^{***} If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.